

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09818616</b> FILING DATE _____ APPLICANT(S) _____	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
01							51
02							52
03							53
04							54
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45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	5		—		—		TOTAL IND.
TOTAL DEP.	103		—		—		TOTAL DEP.
TOTAL CLAIMS	108		—		—		TOTAL CLAIMS

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09818616</div>		FILING DATE						
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL CLAIMS														